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Bib Data Sheet

CONFIRMATION NO. 6919

<b>SERIAL NUMBER</b> 10/608,721	<b>FILING OR 371(c) DATE</b> 06/26/2003 <b>RULE</b>	<b>CLASS</b> 711	<b>GROUP ART UNIT</b> 2186	<b>ATTORNEY DOCKET NO.</b> GB920020024US1
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**\*\* CONTINUING DATA \*\*\*\*\*** ~~NONE~~ HBP

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 UNITED KINGDOM 0214669.4 06/26/2002 HBP

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 09/16/2003**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <u>A.B. Patel</u> Allowances <u>HBP</u> Examiner's Signature Initials				

**ADDRESS**  
29683

**TITLE**  
Maintaining data access during failure of a controller

<b>FILING FEE RECEIVED</b> 1746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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